

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097890977	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1		1						
2		1						
3			1					
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TOTAL IND.			3					
TOTAL DEP.			10					
TOTAL CLAIMS			13					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy